C	NONPROFIT DRPORATION NUAL REPORT			PARTMENT a.B. Morth etary of Sta	am					
1996 DIVISION OF				F CORPOR	RATIONS					
DOCU I. Corpora	JMENT # N94000	006262								
EDGEW	ATER AT HARBOR ISI	ANDS ASSO	CIATIN,	INC.						
255 AI BTH FI	ace of Business  HAMBRA CIRCLE  LOOR  GABLES, FL 33134	P.0	Address BOX 520							
						<ol> <li>Date Incorporated or Quality</li> <li>12/23/94</li> </ol>	fied	3a. Date of		•
1	Piace of Business	2a. Mai	ling Address	<del></del>	<del></del>	4. FEI Number		05/0		pplied For
Suite, Ap	ot #. etc	26 Suit	o Ant + sts			65-0587180			-	of Applicable
<u></u>		27	e, Apt #, etc.			5. Certificate of Status Desired	d C	•		Additional equired
City & St	ate	City <b>28</b>	& State			Election Campaign Financia     Trust Fund Contribution	ng r	\$	5.00	May Be to Fees
Zip	Country 25	Ζ <sub>1</sub> ρ <b>29</b>		$\vdash$	intry	8. This corporation has liability		ingible tax u	nder s	
	9. Name and Address of C		Agent	30	<u> </u>	Florida Statutes  10. Name and Address of New	Y			
55 AL	, DENNIS J. HAMBRA CIRCLE GABLES, FL 33134				83	dress (P.O. Box Number is Not Acce	eptable)			
255 AL XXRAL	HAMBRA CIRCLE GABLES, FL 33134	7.0502 and 617.15 State of Florida Su obligations of, Sec	08, Florida Statu ich change was tion 617,0503, F		83 City			FL 85 ose of change appointment	Zip ( ging its ent as i	
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(305)442-7000 Daysme Prior #

SIGNATURE: By: Jacante V. Lungen Secultury
Signature and typed of PEINTED MAME OF SIGNATION

JUNNI 10 I. KENTIGON